



PT-16 Pull Tabs and Jar Games Supplier's Quarterly Report

Read this information first

Do not write above this line.

For each sale or delivery of pull tabs, you must give a receipt to your purchaser. Each receipt must include

- the date of sale or delivery;
- your name and license number;
- the name and license number of the pull tabs purchaser;
- the name of the pull tabs manufacturer; and
- the serial number and ideal gross receipts for each game.

You must maintain all books and records relating to the sale of pull tabs for a period of three years.

This report must be signed and dated by a responsible officer of your organization and submitted within 30 days after the end of the calendar quarter. Failure to comply will result in actions against your license up to and including revocation.

Step 1: Identify your business

Business name _____

Pull tabs supplier's license no. **PS** – _____

Mailing address _____
Number and street

For the quarter ending _____
Month Day Year

City _____ State _____ ZIP _____

Step 2: Complete the following information

Did you sell or deliver pull tabs to persons or organizations located in Illinois during this reporting period?

☐ yes ☐ no

If “no,” initial the statement below.

_____ No pull tabs were sold or delivered to persons or organizations located in Illinois during this reporting period.

If “yes,” attach to this report a copy of each receipt as described in “Read this information first” and initial the statement below.

_____ Receipts attached to this report reflect all pull tabs sold or delivered to persons or organizations located in Illinois during this reporting period.

Step 3: Sign below

Under penalties of perjury, I state that I have examined this report and, to the best of my knowledge, it is true, correct, and complete. I further certify that the information contained in this report is taken from the records of the organization for which it is filed and that no other sales, authorized or unauthorized, were made during the quarter covered by this report.

Responsible party's signature

Title

Date



Mail this report to:
OFFICE OF BINGO AND CHARITABLE GAMES
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480



If you have questions, call us at 217 524-4164